
MEMORANDUM

TO: Eileen Pederson, YouthBuild Project Officer, ETA

FROM: Lisbeth Goble, Lindsay Wood, Kim Mook and Lisa Schwartz **DATE:** 7/13/2012
YouthBuild-87

SUBJECT: YouthBuild Youth Survey Pretest Findings

A. INTRODUCTION

In preparation for the YouthBuild Evaluation, Mathematica Policy Research under subcontract to MDRC, conducted a pretest of the youth follow-up survey instrument. The pretest utilized a mixed-method approach that included in-person cognitive interviews using a think-aloud protocol, and telephone-administered and self-administered interviews that used a retrospective protocol.

The goal of the pretest was to assess the overall organization and logic of survey as well as capture respondents' understanding of key survey terms and questions, the accuracy and relevancy of the questions, and the completeness of the information captured. The survey asked questions specifically about YouthBuild in addition to questions about other services received and key life experiences, such as education and employment history, risky behaviors, and criminal activities. The pretests were also used to calculate respondent burden. Pretesting the survey in multiple modes was important because we expect to administer the survey via the web with telephone follow-up. As a result, we needed to assess how well the questions functioned in both self- and interviewer-administered modes to obtain timing estimates by mode.

This memo provides an overview of the pretest design and presents findings from the cognitive interviews and the respondent debriefings.

B. YOUTH FOLLOW-UP SURVEY PRETEST METHODOLOGY

The pretest was designed in three phases starting with cognitive interviews followed by respondent debriefings, and concluding with a second round of cognitive interviews, for a total of nine interviews. Trained Mathematica staff conducted all pretest interviews.

The majority of pretest respondents came from YouthBuild programs that did not receive a Department of Labor grant in 2011, however two participants were from a site that received a grant in the 2011 year. These respondents were comparable to those who will be in the treatment group for the study. Three respondents were part of a GED training program and demographically similar to youth who will be in the control group for the study.

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Cognitive interviews were conducted first to identify issues with survey organization and logic as well as question comprehension. During the preliminary design of the survey, we identified questions and terms that could be ambiguous or unclear. Appendix A is the cognitive interview protocol that was created with specific probes for these questions and used to conduct the first phase of the in-person cognitive interviews.

Upon completion of the cognitive interviews, the survey instrument was updated for the interviewer- and self-administered phase of the pretest. The interviewer-administered mode was conducted over the telephone with a respondent debriefing conducted immediately after the survey was completed. For the self-administered mode, hardcopy surveys were sent to respondents by mail. They were asked to complete the survey and send it back to us by mail or fax upon completion. They were instructed to keep a copy to refer to during the respondent debriefing which was conducted upon receipt of their completed hardcopy. The debriefing protocol is included in Appendix B. Respondents received \$40 for completing a cognitive interview and \$25 for completing either the phone or self-administered survey and debriefing.

To ensure that any question changes resulting from the interviewer- and self-administered interviews did not create new comprehension issues, the pretest concluded with another cognitive interview following similar procedures to the first round and using a modified protocol.

C. COGNITIVE INTERVIEW AND DEBRIEFING FINDINGS

We organized the findings from the pretest into four categories. First, we focus on critical issues that arose in the organization of the service receipt sections of the survey and solutions for improving these sections. Then we address the more minor changes, such as wording and question order, and additional issues that were noted in the respondent debriefings. Lastly, we present our respondent burden estimates.

1. Service Receipt Section

In the original version of the survey used for the first round of cognitive pretests, section C asked about any education services, training or job-related services, or personal development services that respondents had received in the last year from all service providers. For those who had received YouthBuild services, section D then asked specifically about similar services received through YouthBuild. Throughout the pretest it became clear that there were two key issues that needed to be resolved with respect to capturing service receipt. First, we found instances of double counting services between the YouthBuild section and the service receipt section. To reduce these occurrences, we needed to find an alternative method for capturing service receipt information. Second, we needed to be more specific when referencing services in order to minimize erroneous reporting and facilitate linking services to service providers. These issues are elaborated on below.

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Double-counting of services: Because there were no qualifiers regarding service providers in section C, more than one respondent included services received from YouthBuild in the service receipt section (C) and then reported the same information again in the YouthBuild experiences section (D). This was burdensome both for the respondent and the interviewer conducting the survey, and resulted in double-counting of service receipt.

Erroneous reporting: Pretesting also revealed that respondents categorized services differently and therefore reported them inconsistently. The survey was designed to link individual services received with the organization providing that service. First, we asked if respondents had ever received services in three broad categories: education, employment, or personal development. If a respondent reported that “Yes,” he or she had received that type of service, we obtained information on all organizations that provided the service and probed for individual service items for each organization reported. In the YouthBuild experiences section, these lead-in questions were not needed because the organization (YouthBuild) was known. However, in the instances where services received by YouthBuild were counted in both sections C and D, service receipt reports were not consistent. For instance, one respondent said in the service receipt section that he had not received any personal development services when asked the “yes/no” question. Yet when he was asked the list of personal development services included in section D (YouthBuild Services), the same respondent reported receiving six of the personal development services listed. This discrepancy suggests that the questionnaire structure introduced two sources of potential error: First, respondents may not be aware of which services fall within a category when they respond to the lead-in “yes/no” question, which may result in inaccurate responses to that question. Second, respondents may not be able to remember detailed information about which organization provided specific services, even though there may have been significant overlap in service provision.

Proposed Solution

These two sections of the questionnaire went through several modifications during the pretest, including switching the section order and modifying the structure of specific questions. The final version of the instrument had two key changes:

- A single service receipt section that is administered to all respondents regardless of whether they are in the treatment or control group.
- All respondents are asked about their receipt of individual, specific services rather than being asked a lead-in question about a broad category of services.
- Rather than ask respondents to name the organizations from which they received each individual service, we ask them to indicate the type of organization from which they received most services in a particular category. We include YouthBuild as response option to the service provider questions. This modification eliminates the issue of double counting services and the risk of collecting inconsistent information between sections.

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These changes eliminate the potential for double-counting of services and the potential for misreporting because the broad categories of services that were used in the lead-in questions were interpreted inconsistently across respondents.

2. Word Choice and Phrasing Revisions

In addition to changes to the service receipt sections, the pretests helped us identify words and phrases that we needed to revise to clarify the meaning of a question or simplify instructions. These changes were minor and did not substantively change the questionnaire.

3. Additional Findings from Respondent Debriefings

The respondent debriefing protocol included several broad questions related to the survey. Specifically we asked:

- Were there any questions in this interview that you did not know how to answer? Tell me more about that.
- Were there any parts of the interview that you found confusing? Tell me more about that.
- Were there any questions in this interview that made you feel uncomfortable? Which questions?

The one issue that consistently came up through the course of the pretests was related to sections G, H, and I. These sections include several scales that measure socio-emotional well-being. Respondents reported feeling overwhelmed during various parts of these sections, specifically when asked a repeated number of similar agree/disagree questions. We did not want to cut these sections entirely from the survey; instead, several series of questions have been removed from the survey in an effort to reduce the burden on respondents. Most notably, we eliminated questions G2 and H1, the two questions that respondents struggled with the most during pretesting. We hope that in eliminating the two most burdensome questions, respondents will more easily be able to answer the remaining mental health questions.

4. Respondent Burden

The average administration time was 49 minutes excluding the think-aloud interviews. If we adjust the administration time to reflect the fact that three of the section (G, H, and I) will each only be administered at one time point, the average length of the survey drops to about 40 minutes. Note that this burden estimate includes phone interviews only, as we didn't have section timings on self-administered interviews.

cc: Cynthia Miller

APPENDIX A
COGNITIVE INTERVIEW PROTOCOL

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YouthBuild Follow Up Survey

Cognitive Interview Protocol

January 9, 2012

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INTERVIEWER: READ CONSENT SCRIPT AT NORMAL INTERVIEWING PACE, THEN ASK FOLLOW-UP QUESTIONS.

In Person Interview Script:

We are currently testing a questionnaire that will be used as part of the evaluation of the YouthBuild program. We expect that the final questionnaire will take about 45 minutes to complete. Today, we'll need about 90 minutes of your time to help us test the questionnaire. As we go through the questionnaire, I'll ask you if you think the questions are clear and easy to understand and answer, and whether or not the response options are appropriate. I really want to hear your opinions and reactions to the questionnaire, so don't hesitate to speak up whenever something is unclear, hard to answer, or doesn't seem to apply you.

There are no right or wrong answers, I just want to find out as much as possible about what you are thinking. Everything that you tell me is confidential. You don't have to answer any questions that make you feel uncomfortable.

I will be tape-recording the interview so that I can go back and listen to it later if I need to when I'm summarizing the results.

Do you have any questions before we start?

Let's begin.

INTRO

INTRODUCTION

The YouthBuild Evaluation is a study paid for by the U.S. Department of Labor (DOL) and the Corporation for National and Community Service (CNCS). The goal of the study is to learn how YouthBuild helps youth and young adults get a GED, gain employment skills and find work. This study will provide us with important information that will help create better programs for young people.

The U.S. Department of Labor has funded three organizations, MDRC, Mathematica Policy Research, and Social Policy Research Associates, to work with YouthBuild programs to run the study. As part of the study, we are asking you to complete a short survey. The survey covers several topics, including education, planning for the future, employment, earnings, involvement with the criminal justice system, and social and emotional development.

Individual responses will not be matched with specific individuals. Responses to this data collection will be used only for the purposes of the study. The reports prepared from this survey will summarize findings across all study participants and individual forms will not be available to anyone outside the study team, except as required by law.

The survey should take around 45 minutes to complete. To thank you, we will send you a card worth [FILL \$25 OR \$40]. The card can be used anywhere that a credit or debit card can be used.

If you have any questions, please contact Shawn Marsh at Mathematica Policy Research at 1-877-894-4589 or YouthBuildSurvey@mathematica-mpr.com.

INTERVIEWER PROBES: Do you have any questions about what I've read so far?
Tell me in your own words what this study is about.
Now think about everything I read to you (from the consent script). Do you think it was too much information, too little, or the right amount?

A. Household Information

ALL

Source: *Rural Welfare to Work*, 30moFU-q35

The first questions are about where you currently live.

A1. Where do you live now? If you stay in more than one place, where do you stay most often?

- | | | |
|--|---|----------|
| Your parent's home..... | 1 | GO TO A2 |
| Another person's home | 2 | GO TO A2 |
| Your own place (whether you rent or own) | 3 | GO TO A2 |
| A group home/halfway house..... | 4 | GO TO A4 |
| A long-term homeless shelter | 5 | GO TO A4 |
| An emergency housing shelter (including a
domestic violence shelter)..... | 6 | GO TO A4 |
| You're incarcerated | 7 | GO TO A4 |
| Homeless and living on the street..... | 8 | GO TO A5 |
| Other (SPECIFY) | 9 | GO TO A2 |
- _____ (STRING 200)

IF A1 = 1, 2, 3, 9

A2. Do you currently receive any government assistance to help pay for your housing? For example, do you get a rent subsidy or pay a lower rent because of a housing authority, or Section 8 vouchers, or some other government program pays part of the cost?

- Yes 1
No 0
I don't know d

INTERVIEWER PROBES: How do you know you receive government assistance?
What does 'government public housing authority' mean to you in the context of this question?
Can you give me an example of a government public housing authority'?

IF A1 = 1, 2, 3, 9

A3. Does a government public housing authority own the building where you live?

- Yes 1
- No 0
- I don't know d

INTERVIEWER PROBES: How do you know this building is owned by a government public housing authority? What were you thinking of when you responded?
 What does 'government public housing authority' mean to you in the context of this question?
 Can you give me an example of a government public housing authority'?

IF A1 NE 8 (NOT CURRENTLY HOMELESS)

FILL RA date or date of last interview (DOLI)

A4. Have you been homeless and living on the street at any time since [RA DATE / Date Of Last Interview (DOLI)]? We mean times when you actually had no place to stay, not even a shelter.

- Yes 1
- No 0

PROGRAMMER SKIP BOX A4.1
 IF A1 = 5 OR 6 (LIVING IN A SHELTER), SKIP TO A6;
 ELSE, CONTINUE TO A5.

IF A1 NE 5 OR 6

A5. Have you lived in a homeless shelter, emergency shelter, or a domestic violence shelter at any time since [RA DATE / DOLI]?

- Yes 1
- No 0

ALL

Source: Horizons Study; D4

A6. What is your marital status?

CODE ONE ONLY

- Married 1
- Divorced 2
- Separated 3
- Widowed 4
- Never married 5

PROGRAMMER SKIP BOX A6.1
 IF A1 = 1, 2 OR 3 (LIVING IN A HOUSEHOLD), CONTINUE;
 ELSE, SKIP TO A9.

A1 = 1, 2, OR 3

Source: Baby Faces

A7. Do you have a spouse or partner who lives in your household?

- Yes 1
- No 0

A1 = 1, 2, OR 3

Source: Horizons Study; D5

A8. Including yourself, how many people live in your household? Include everyone who usually lives there, even if they are away from home right now.

|_|_| NUMBER

ALL

A9. Do you have any children under 18 years of age? Please include your own or adopted children, foster, or stepchildren and any other children you are responsible for.

- Yes 1
- No 0 GO TO A17

A9 = 1

A10. How many children do you have?

|_|_| NUMBER

A9 = 1

A11. How many biological children do you have?

|_|_| NUMBER OF BIOLOGICAL CHILDREN

PROGRAMMER SKIP BOX A11.1
IF A11 = 1 (ONE BIOLOGICAL CHILD), CONTINUE TO A12a;
IF A11 >1 (MULTIPLE BIOLOGICAL CHILDREN), SKIP TO A12b.

A11 = 1

A12a. Does this child live with you?

Yes 1
No 0

PROGRAMMER SKIP BOX A12a.1
ALL RESPONSES TO A12a GO TO A13.

A11 GT 1

FILL # CHILDREN FROM A11

A12b. Of these [# OF CHILDREN FROM A11] children, how many live with you?

|_|_| NUMBER

A11 GT 0

FILL # CHILDREN FROM A11

FILL RA DATE/DOLI

A13. IF A11 = 1: Was this child born after [RA DATE/DOLI]?

IF A11 > 1 **Of these [# OF CHILDREN FROM A11] children, were any born after [RA DATE/DOLI]?**

Yes 1
No 0

INTERVIEWER PROBES: How easy or difficult was this series of questions about your children? What would make it easier to answer these questions?

IF A11 – A12 GT 0

IF A11 – A12 GT 1, FILL: **children, do**

IF A11 – A12 = 1, FILL; **child, does**

A14. Thinking just about the [child / children] who [does / do] not live with you, please indicate which of the following activities you have done in the past week.

CODE ALL THAT APPLY

- Read with your [child/children] 1
- Played with your [child/children], not including sports 2
- Did arts and crafts with your [child/children] 3
- Played sports with your [child/children] 4
- Talked with or listened to your [child/children] 5
- Attended your [child/children]'s events 6
- Helped your [child/children] with homework..... 7
- Picked up or dropped your [child/children] off..... 8

INTERVIEWER PROBES: Because we realize that situations arise where parents and children do not live under the same roof and time spent together becomes limited, do you have any reaction to not being asked this question about children who live in your household?

IF A11 NE 0

A15. Do you have any legal agreements or child support orders that require you to provide financial support for a child?

- Yes 1
- No 0 GO TO A17

INTERVIEWER PROBES: What does 'legal agreements' mean to you in the context of this question?
What does 'child support order' mean to you in the context of this question?

A15 = 1

A16. Did you make this payment last month?

- Yes 1
- No 0

ALL

FILL RA DATE/DOLI

The next few questions are about people who request your financial help. These people may or may not live in your household.

Source: Health and Retirement Survey; 2010; F104

A17. Since [RA DATE / DOLI], how often have your friends or relatives asked you for financial help? By financial help, we mean giving them money, helping them pay bills, or buying things for them. Please do not count any shared housing or shared food.

- Never..... 1
- Rarely..... 2
- Sometimes..... 3
- Often..... 4

INTERVIEWER PROBES: How many times did your friends or relatives for financial help?

ALL

FILL RA DATE/DOLI

A18. Since [RA DATE / DOLI], how often have you given financial help to your friends or relatives? By financial help, we mean giving them money, helping them pay bills, or buying things for them. Please do not count shared housing or shared food.

- Never..... 1
- Rarely..... 2
- Sometimes..... 3
- Often..... 4

INTERVIEWER PROBES: How many times did **give** your friends or relatives for financial help?

B. Educational Attainment

ALL

The next group of questions asks about your educational background.

B1. Did you drop out of high school prior to receiving a diploma?

Yes 1 GO TO B2
No 0 GO TO B3

B1 = 1

B2. What was the highest grade that you finished in high school before you dropped out?

CODE ONE ONLY

8th grade or less 1
9th grade/freshman in high school 2
10th grade/sophomore in high school 3
11th grade/junior in high school 4

ALL

Source: YTD-15
Source: YTD 0 Mod

B3. Do you have a high school diploma, a GED (also known as a Graduate Equivalency Degree), a Certificate of Completion, or do you have none of these?

CODE ONE ONLY

High school diploma 1 GO TO B5
GED 2 GO TO B5
Certificate of Completion 3 GO TO B5
None of these 4

INTERVIEWER PROBES: What does 'certificate of completion' mean to you in the context of this question?

IF B3 = 4

Source: Upward Bound

B4. Do you have plans to get a high school diploma, GED, or Certificate of Completion?

CODE ONE ONLY

Plan to get a high school diploma 1
Plan to get a GED 2
Plan to get a Certificate of Completion 3
Do not plan to get a High School Diploma,
GED, or Certificate of Completion 4

ALL RESPONSES TO B4 GO TO B6a

IF B3 NE 4

IF B3 = 1, FILL: high school diploma

IF B3 = 2, FILL: GED

IF B3 = 3, FILL: Certificate of Completion

Source: Upward Bound

B5. In what month and year did you obtain your [GED/high school diploma/Certificate of Completion]?

 |_|_|_| / |_|_|_|_|
 MONTH YEAR

ALL

Source: YTD - mod

B6a. When was the last time you attended or enrolled in classes? Please include GED preparation classes, Certificate of Completion programs, and college courses.

- I'm currently enrolled..... 1
- Less than a year ago..... 2
- 1-2 years ago 3
- 3-4 years ago 4
- I haven't taken courses since leaving high school... 5 GO TO B8

INTERVIEWER PROBES: Thinking of the response categories, are there any missing?
When you answered this question, did you include your YouthBuild program?

B6a NE 5

are IF B6a = 1; were IF B6a = 2 – 4

Source: YTD - mod

B6b. What type of classes [are/were] those?

CODE ALL THAT APPLY

- Regular high school 1
- Special high school for persons
with disabilities 2
- GED preparation class or Certificate of
Completion program..... 3
- Vocational, technical, business or trade school 4
- 2-year college or community college 5
- 4-year college or university 6

B6a NE 5

B6c. Have you completed any degrees?

Yes 1
No..... 0

PROGRAMMER SKIP BOX B6c.1
IF B6c = 1 (COMPLETED DEGREE), CONTINUE TO B7;
IF B6c = 0 AND B6b NE (5 OR 6) (NO COLLEGE COURSES AND NO DEGREE) SKIP TO B8;
IF B6c = 0 AND B6b = (5 OR 6) (TAKEN COLLEGE CLASSES, BUT NO DEGREE) SKIP TO B9.

B6c = 1

DISPLAY RESPONSE OPTION 4 (Graduate school) FOR 48 MONTH FOLLOW-UP ONLY

B7. What degrees have you completed?

CODE ALL THAT APPLY

Vocational, technical, business or trade school 1
2-year college or community college 2
4-year college or university 3
Graduate school 4
Other degree (SPECIFY) 99
_____ (STRING 200)

PROGRAMMER SKIP BOX B7.1
IF B7 = (2, 3, OR 4) (COMPLETED COLLEGE DEGREE), SKIP TO B10;
IF B7 NE (2, 3, OR 4) AND B6B NE (5 OR 6) (NO COLLEGE COURSES/DEGREE) GO TO B8;
IF B7 NE (2, 3, OR 4) AND B6B = (5 OR 6) (COLLEGE CLASSES BUT NO DEGREE) SKIP TO B9.

INTERVIEWER PROBES: Thinking of the response categories, are there any missing?
What does 'vocational, technical, business or trade school' mean to you in the context of this question?
What does '2-year college or community college' mean to you in the context of this question?

(B6a = 5) OR (B6b NE 5, 6)

Source: HSLs

B8. How likely is it that you will attend college?

CODE ONE ONLY

- Very likely 1
- Somewhat likely 2
- Somewhat unlikely 3
- Very unlikely 4

INTERVIEWER PROBES: On a scale from 0-10, with 0 meaning you definitely won't go to college and 10 meaning you definitely will go to college, how likely do you think it is that you will go to college?

B8 = (1 – 4) OR B7 NE (2, 3, OR 4)

Source: HSLs

B9. How likely is it that you will complete college?

CODE ONE ONLY

- Very likely 1
- Somewhat likely 2
- Somewhat unlikely 3
- Very unlikely 4

INTERVIEWER PROBES: On a scale from 0-10, with 0 meaning you definitely won't complete college and 10 meaning you definitely will complete college, how likely do you think it is that you will go to college?

ALL

Source: RTS, KIPP/ETS

B10. Below is a list of reasons that might keep you from reaching your educational goals. For each reason listed, please indicate if you think it is a reason that you may not reach your educational goals.

	YES	NO
a. I don't like school.....	1	0
b. My grades aren't high enough	1	0
c. My classes are too difficult.....	1	0
d. School is too expensive	1	0
e. I plan to join the military	1	0
f. No one in my family has graduated from high school.....	1	0
g. No one in my family has gone on to school after high school	1	0
h. I'd rather work and make money than go to school.....	1	0
i. I don't think that going to school is important.....	1	0
j. I will need to help support my family	1	0
k. My family/friends don't think I should.....	1	0
l. I don't speak English well enough.....	1	0
m. Is there any other reason you might not reach your educational goals? (SPECIFY). _____ (STRING 200)	1	0

C. Service Receipt

ALL

FILL: RA DATE/DOLI

In earlier questions, we asked you about your experiences in school and your future education plans. The next questions are about different kinds of services you may have received, including education related services.

C1. Since [RA DATE/DOLI], have you participated in any kind of education related services? Please consider all help preparing for the GED, improving your reading and writing skills, preparing college applications, etc.

Yes 1

No 0 GO TO C9

INTERVIEWER PROBES: What does 'education related services' mean to you in the context of this question?
What educational services did you include when answering this question?
Are there other examples of education services you would include in this?

C1 = 1

C2. What is the name of an organization where you participated in these services?

_____ (STRING 200)
(SPECIFY NAME OF ORGANIZATION)

C3. What type of organization is that?

CODE ONE ONLY

- One Stop 1
- YouthBuild program 2
- Vocational Rehabilitation Agency..... 3
- Public school 4
- Private school..... 5
- Charter school 6
- Community-based organization 7
- Former employer 8
- Current employer 9

INTERVIEWER PROBES: How easy or difficult was it to answer this question? What would make it easier to answer these questions?
What does 'public school' mean to you in the context of this question?
What does 'private school' mean to you in the context of this question?
What does 'charter school' mean to you in the context of this question?
What does 'community based organization' mean to you in the context of this question?

IWER NOTE: Check CBOs first if you sense time is running tight.

C1 = 1
FILL FROM C2

C4a. What specific education related services did you participate in at [FILL FROM C2]?

	YES	NO
a. Preparing for the GED	1	0
b. Academic tutoring not including GED preparation	1	0
c. Taking high school courses to prepare for a diploma	1	0
d. Preparing for standardized achievement tests, such as state or local tests	1	0
e. College preparation activities such as: college awareness or college guidance activities; college preparation or transition programs; or preparing for college entrance examinations or college applications	1	0
f. Financial aid assistance	1	0
g. Other (SPECIFY).....	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: Let's go back through the answer categories. For each one, tell me what types of services would be included and whether you use a different title to describe that category of services. For example, at your program, what would an example of "GED preparation" be? Do you call that GED preparation services or something else? (go through the whole list).
Do these response options make sense in the context of this question; are there any response options missing

C1 = 1
FILL FROM C2

C4b. Did [FILL FROM C2] help you to enroll or participate in any of the following types of education related programs?

	YES	NO
a. A high school diploma program.....	1	0
b. English as a Second Language (ESL) training.....	1	0
c. Courses for college credit.....	1	0
d. Another type of education activity or academic service (SPECIFY)	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: Thinking of the response categories, are there any missing?

C1 = 1
FILL FROM C2

C5. In what month and year did you first begin participating in education related services at [Fill FROM C2]?

/
 MONTH YEAR

C1 = 1
FILL FROM C2

Source: Response options from Rural Welfare to Work; 18-month Follow-up – Field –q20; D1aC

C6. How often did you participate in education related services at [FILL FROM C2]?

- Daily 1
- Once a week 2
- Every other week 3
- Once a month..... 4
- A few times a year 5
- Once a year 6
- One time event 7

C1 = 1
FILL FROM C2

C7. In what month and year did you stop participating in education related services at [FILL FROM C2]?

/
 MONTH YEAR

I am still participating in services at this organization 1

C1 = 1

C8. Was there any other organization where you participated in education related services? Please consider all help preparing for the GED, improving your reading and writing skills, help preparing college applications, etc.

Yes 1
No..... 0

PROGRAMMER BOX C9
IF C8 = 1 (OTHER ORGANIZATION); CYCLE BACK THROUGH C2-C8 TO ASK ABOUT OTHER ORGANIZATION.
IF C8 = 0 (NO OTHER ORGANIZATION), END LOOP AND CONTINUE TO C10.
ONLY LOOP 3 TIMES

INTERVIEWER PROBES: If C8 = 1, ask C2, C3, and C8. Ask the name of the organization and the organization type each time the respondent answers C8=1 until he or she has exhausted the list of organizations.

C1 = 0

Source: ITA2; Follow-Up; D2

C9. Why didn't you participate in any education related services?

CODE ALL THAT APPLY

I am not interested in participating 1
I don't need them 2
I have no transportation 3
I don't have time 4
I can't afford them 5
Other (SPECIFY) 6
_____ (STRING 200)

ALL

FILL: RA DATE/DOLI

C10. Since [RA DATE/DOLI], have you participated in any kind of training or job related services? Please consider vocational training programs, apprenticeships, career counseling, job certification programs, help applying for a job, etc.

Yes 1

No 0 GO TO C18

INTERVIEWER PROBES: What does 'training or job-related related services' mean to you in the context of this question?
What training or job-related related services did you include when answering this question? Are there other examples of training or job-related services you would include in this?
What does 'vocational training program' mean to you in the context of this question?
What does 'apprenticeship' mean to you in the context of this question?
What does 'career counseling' mean to you in the context of this question?
What does 'job certification program' mean to you in the context of this question?

C10 = 1

C11. What is the name of an organization where you participated in these services?

_____ (STRING 200)
(SPECIFY NAME OF ORGANIZATION)

C10 = 1

C12. What type of organization is that?

CODE ONE ONLY

- One Stop 1
- YouthBuild program. 2
- Vocational Rehabilitation Agency..... 3
- Public school 4
- Private school..... 5
- Charter school..... 6
- Community-based organization 7
- Former employer 8
- Current employer 9

C10 = 1

FILL FROM C11

C13. What specific training or job related services did you participate in at [FILL FROM C11]?

	YES	NO
a. Enrolling and/or participating in a job skills training program	1	0
b. Participating in on-the-job training	1	0
c. Working with a career counselor to help learn which jobs are a good match with your skills and interests	1	0
d. Enrolling and/or participating in a job certification program	1	0
e. Help finding or applying for a job. Please include help filling out an application, writing a resume, or going for an interview	1	0
f. Help finding or applying to a school or training program, including help with an application or interview	1	0
g. Participating in another job related training (SPECIFY)	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: Let's go back through the answer categories. For each one, tell me what types of services would be included and whether you use a different title to describe that category of services. For example, at your program, what would an example of "job skills training" be? Do you call that job skills training or something else? (go through the whole list).

Do these response options make sense in the context of this question; are there any response options missing?

C10 = 1
FILL FROM C11

C14. In what month and year did you first begin participating in training or job related services at [FILL FROM C11]?

|_|_|_| / |_|_|_|_|_|
 MONTH YEAR

C10 = 1
FILL FROM C11

Source: Response options from Rural Welfare to Work; 18-month Follow-up – Field –q20; D1aC

C15. How often did you participate in training or job related services at [FILL FROM C11]?

CODE ONE ONLY

- Daily 1
- Once a week 2
- Every other week 3
- Once a month..... 4
- A few times a year..... 5
- Once a year..... 6
- One time event..... 7

C10 = 1
FILL FROM C11

C16. In what month and year did you stop participating in training or job related services at [FILL FROM C11]?

|_|_|_| / |_|_|_|_|_|
 MONTH YEAR

I am still participating in services at
 this organization 1

C10 = 1

C17. Was there any other organization where you participated in training or job related services? Please consider vocational training programs, apprenticeships, career counseling, job certification programs, help applying for a job, etc.

Yes 1

No 0

BOX C17

IF C17 = 1 (OTHER ORGANIZATION); CYCLE BACK THROUGH C11-C17 TO ASK ABOUT OTHER ORGANIZATION.

IF C17 = 0 (NO OTHER ORGANIZATION), END LOOP AND CONTINUE TO C19.
ONLY LOOP 3 TIMES

INTERVIEWER PROBES: If C17= 1, ask C11, C12, and C17. Ask the name of the organization and the organization type each time the respondent answers C17=1 until he or she has exhausted the list of organizations.

C10 = 0

Source: ITA2; Follow-Up; D2

C18. Why didn't you participate in any training or job related services?

CODE ALL THAT APPLY

I am not interested in participating 1

I don't need them 2

I have no transportation 3

I don't have time 4

I can't afford them 5

Other (SPECIFY) 6

_____ (STRING 200)

ALL

C19. Since [RA DATE/DOLI], have you participated in any kind of personal development activities? Please consider mentorship, mental and physical health care, case management, etc.

Yes 1
No 0 GO TO C27

INTERVIEWER PROBES: What does 'personal development activities' mean to you in the context of this question?
What personal development activities did you include when answering this question? Are there other examples of personal development activities you would include in this?
What does 'mentorship' mean to you in the context of this question?
What does 'mental and physical health care' mean to you in the context of this question?
What does 'case management' mean to you in the context of this question?

C19 = 1

C20. What is the name of an organization where you participated in these services?

_____ (STRING 200)
SPECIFY NAME OF ORGANIZATION)

C19 = 1

C21. What type of organization is that?

CODE ONE ONLY

One Stop 1
YouthBuild program 2
Vocational Rehabilitation Agency..... 3
Public school 4
Private school..... 5
Charter school 6
Community-based organization 7
Former employer 8
Current employer 9

C19 = 1
FILL FROM C20

C22. What specific personal development activities did you participate in at [FILL FROM C20]?

	YES	NO
a. Mentoring.....	1	0
b. Community service	1	0
c. Life skills training such as parenting skills classes, learning how to balance a checkbook, etc.....	1	0
d. Communication or public speaking	1	0
e. Leadership development training	1	0
f. Health services	1	0
g. Mental health services.....	1	0
h. Working with a case manager	1	0

INTERVIEWER PROBES: Let's go back through the answer categories. For each one, tell me what types of services would be included and whether you use a different title to describe that category of services. For example, at your program, what would an example of "mentoring" be? Do you call that mentoring or something else? (go through the whole list).
Do these response options make sense in the context of this question; are there any response options missing?

C19 = 1
FILL FROM C20

C23. In what month and year did you first begin participating in personal development activities at [FILL FROM C20]?

|_|_|_| / |_|_|_|_|_|
 MONTH YEAR

INTERVIEWER PROBES: What does 'personal development activities' mean to you in the context of this question?
 What personal development activities did you include when answering this question? Are there other examples of personal development activities you would include in this?

C19 = 1
FILL FROM C20

Source: Response options from Rural Welfare to Work; 18-month Follow-up – Field –q20; D1aC

C24. How often did you participate in personal development services at [FILL FROM C20]?

CODE ONE ONLY

- Daily 1
- Once a week 2
- Every other week 3
- Once a month..... 4
- A few times a year..... 5
- Once a year..... 6
- One time event..... 7

C19 = 1
FILL FROM C20

C25. In what month and year did you stop participating in personal development services at [FILL FROM C20]?

|_|_|_| / |_|_|_|_|_|
 MONTH YEAR

I am still participating in services at this organization 1

C19 = 1

C26. Was there any other organization where you participated in personal developmental services? Please consider mentorship, mental and physical health care, case management, etc.

Yes 1
No..... 0

BOX C26
IF C26 = 1 (OTHER ORGANIZATION); CYCLE BACK THROUGH C20-C26 TO ASK ABOUT OTHER ORGANIZATION.
IF C26 = 0 (NO OTHER ORGANIZATION), END LOOP AND CONTINUE TO SECTION D.
ONLY LOOP 3 TIMES

INTERVIEWER PROBES: If C26= 1, ask C20, C21, and C26. Ask the name of the organization and the organization type each time the respondent answers C26=1 until he or she has exhausted the list of organizations.

IF C19 = 0

Source: ITA2; Follow-Up; D2

C27. Why didn't you participate in any personal development activities?

CODE ALL THAT APPLY

I am not interested in participating 1
I don't need it..... 2
I have no transportation 3
I don't have time 4
I can't afford it..... 5
Other (SPECIFY) 6
_____ (STRING 200)

D. YB Program Experiences

ALL
FILL for treatment: YB PROGRAM NAME FILL for control: the YouthBuild program

Next, we have some questions about your experiences with [YB PROGRAM / the YouthBuild program].

ALL
FILL: RA DATE
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program

Source: YTD – 18 mos follow-up – mod

D1. Since [RA DATE/DATE OF LAST INTERVIEW – DOLI], did you receive any services from or participate in any [YB PROGRAM] / YouthBuild program] activities?

Yes 1
No..... 0

PROGRAMMER SKIP BOX D1.1
 IF TREATMENT GROUP AND D1 = 1, SKIP TO D3;
 IF TREATMENT GROUP AND D1 = 0, SKIP TO D2;
 IF CONTROL GROUP AND D1 = 1, CONTINUE TO D1a;
 IF CONTROL GROUP AND D1 = 0, SKIP TO SECTION E.

CONTROL GROUP AND D1 = 1

D1a. What is the name of that YouthBuild program?

_____ (STRING 200)
NAME OF ORGANIZATION

PROGRAMMER SKIP BOX D1a.1
ALL RESPONSES TO D1a SKIP TO D3.

TREATMENT GROUP AND D1 = 0 (NO YB SERVICES)

FILL: YB PROGRAM NAME

Source: YTD – 18 mos follow-up – mod

D2. Why did you not participate in [YB PROGRAM]?

CODE ALL THAT APPLY

- I had no transportation 1
- I was incarcerated 2
- It was at a bad time of the day 3
- I got a job..... 4
- I moved or changed residence..... 5
- I was pregnant/I had child care problems 6
- I had health problems or an injury..... 7
- A family member of mine became ill 8
- Parental or family problem or pressure..... 9
- Financial reasons 10
- I was not doing well/I had poor grades 11
- I did not like the program..... 12
- I did not like or get along with school
or program staff..... 13
- I did not like or get along with other students..... 14
- I was expelled or asked to leave 15
- School or program closed 16
- Other (SPECIFY) 99
- _____ (STRING 200)

PROGRAMMER SKIP BOX D2.1
ALL RESPONSES TO D2 SKIP TO SECTION E.

INTERVIEWER PROBES: Can you group some of these answers together and create one response option?
Which would you group together?
What would you call that reason for not participation?

D1 = 1 (RECEIVED YB SERVICES)

FILL for treatment: YB PROGRAM NAME

FILL for control group: **YouthBuild program**

D3. Which of the following best describes your current status in [YB PROGRAM] / the YouthBuild] program?

Currently enrolled in YouthBuild and have not yet graduated or completed the program..... 1 GO TO D6

Graduated from YouthBuild and currently receiving post program services 2

Graduated from YouthBuild and not receiving any post program services 3

No longer enrolled in YouthBuild and did not graduate or complete the program..... 4

INTERVIEWER PROBES: Can you imagine someone not fitting into one of these categories?
What does “post-program services” mean to you?
What does ‘graduate or completed the program’ mean to you in the context of this question?

IF D3 = 2, 3, 4

graduate or complete IF D3 = 2 – 3;

stop going to IF D3 = 4

FILL for treatment: YB PROGRAM NAME

FILL for control group: **YouthBuild program**

Source: YTD – 18 mos follow-up - mod

D4. In what month and year did you [graduate or complete / stop going to] [YB PROGRAM / the YouthBuild program]?

|_|_| / |_|_|_|_|
MONTH YEAR

PROGRAMMER SKIP BOX D4.1

IF D3 = 2 – 3, SKIP TO D6; IF D3 = 4, CONTINUE TO D5.

IF D3 = 4

FILL for treatment: YB PROGRAM NAME

FILL for control group: **YouthBuild program**

Source: YTD – 18 mos follow-up – mod

D5. Why did you stop going to [YB PROGRAM / the YouthBuild program]?

CODE ALL THAT APPLY

- I had no transportation 1
 - I was incarcerated 2
 - It was at a bad time of the day 3
 - I got a job..... 4
 - I moved or changed residence..... 5
 - I was pregnant/I had child care problems 6
 - I had health problems or an injury 7
 - A family member of mine became ill 8
 - Parental or family problem or pressure 9
 - Financial reasons 10
 - I was not doing well/I had poor grades 11
 - I did not like the program..... 12
 - I did not like or get along with school or
program staff 13
 - I did not like or get along with other students..... 14
 - I was expelled or asked to leave 15
 - School or program closed 16
 - Other (SPECIFY) 99
- _____ (STRING 200)

D1 = 1 (RECEIVED YB SERVICES)
have you gone to IF D3 = 1 (STILL ENROLLED IN YB); did it take you to graduate or complete IF D3 = 2 – 3 (GRADUATED); did you go to IF D3 = 4 (LEFT AND DID NOT GRADUATE)
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program

Source: YTD – 18 mos follow-up – mod

D6. Starting from [RA DATE/DOLI], how many months [have you gone to / did it take you to graduate or complete / did you go to] [YB PROGRAM / the YouthBuild program]?

|_|_| MONTHS

INTERVIEWER PROBES: How easy or difficult was it to calculate the length your YouthBuild program?
Tell me a little more about how you arrived at your answer.

ALL
do IF D3 = 1; did IF D3 = 2, 3, 4;
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program
FILL before graduation or completion of the program IF D3 = 2, 3; ELSE NO FILL.

D7. On average, how many days per week [do/did] you attend [YB PROGRAM / the YouthBuild program]? This could include meetings, classes, or working on construction sites [before graduation or completion of the program].

|_| DAYS PER WEEK [1 – 7]

CHECK HERE IF LESS THAN ONCE A WEEK

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

D8a. What specific education related services did you participate in at [YB PROGRAM / the YouthBuild program]?

	YES	NO
a. Preparing for the GED	1	0
b. Academic tutoring not including GED preparation	1	0
c. Taking high school courses to prepare for a diploma	1	0
d. Preparing for standardized achievement tests, such as state or local tests	1	0
e. College preparation activities such as: college awareness or college guidance activities; college preparation or transition programs; or preparing for college entrance examinations or college applications	1	0
f. Financial aid assistance	1	0
g. Other (SPECIFY)	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: Check responses at C4a to see if there is overlap. If so ask:
Is the program you previously mentioned the same on you listed in this question?

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

D8b. Did [YB PROGRAM / the YouthBuild program] help you to enroll or participate in any of the following types of education related programs?

	YES	NO
a. A high school diploma program	1	0
b. English as a Second Language (ESL) training	1	0
c. Courses for college credit.....	1	0
d. Another type of education activity or academic service (SPECIFY)	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: What does enroll or participate mean to you in the context of this question?
Check responses at C4a to see if there is overlap. If so ask:
Is the program you previously mentioned the same on you listed in this question?
Think of the last two questions I asked, can you reword the questions in your own words?

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

D9. What specific training or job related services did you participate in at [YB PROGRAM / the YouthBuild program]?

	YES	NO
a. Construction training.....	1	0
b. Other job training (Please specify)	1	0

c. Working with a career counselor to help learn which jobs are a good match with your skills and interests	1	0
d. Help finding or applying for a job. Please include help filling out an application, writing a resume, or going for an interview.....	1	0
e. Help finding or applying to a vocational training program, including help with an application or interview	1	0
f. Participating in another workforce or job related training (SPECIFY)	1	0
_____ (STRING 200)		

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

D10. What specific personal development services did you participate in at [YB PROGRAM / the YouthBuild program]?

	YES	NO
a. Mentoring.....	1	0
b. Community service	1	0
c. Youth Leadership Council or leadership role in the program	1	0
d. Life skills training such as parenting skills classes, learning how to balance a checkbook, etc.....	1	0
e. Communication or public speaking	1	0
f. Leadership development training	1	0
g. Health services	1	0
h. Mental health services.....	1	0
i. Working with a case manager	1	0

ALL
Do IF D3 = 1; Did IF D3 = 2, 3, 4;
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program

D11. [Do/Did] you receive any money from [YB PROGRAM / the YouthBuild program] for working in a construction site, attending classes, or other program activities?

- Yes 1
No 0

PROGRAMMER BOX
ASK D12 AND D13 ONLY FOR 30 AND 48 MONTH FOLLOW-UP

D3 = 2, 3
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program

Source: Hahn Leavitt

D12. Please indicate how much contact you've had with staff from [YB PROGRAM / the YouthBuild program] since graduation.

- A lot 1
Some 2
A little 3
None 4

D3 = 2, 3
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program

Source: Hahn Leavitt

D13. Please indicate how much contact you've had with fellow students from [YB PROGRAM / the YouthBuild program] since graduation.

- A lot 1
Some 2
A little 3
None 4

INTERVIEWER PROBES: What does 'contact with fellow students' mean to you in the context of this question? Can you tell me how many times you've had contact with fellow students from your YouthBuild program since graduation? Your best estimate is fine.

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

Source: Ferguson

D14. Do you have at least one person on [YB PROGRAM / the YouthBuild program] staff who really cares about you and to whom you can go to talk about personal things?

Yes 1
 No..... 0

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

Source: Ferguson: MOD; Hahn Leavitt: MOD

D15. How would you rate the quality of [YB PROGRAM / the YouthBuild program] with regards to...

	VERY GOOD	GOOD	OKAY	POOR	DOES NOT APPLY TO ME
a. Construction (or other job) training? ..	1	2	3	4	5
b. Counseling?	1	2	3	4	5
c. Leadership training?	1	2	3	4	5
d. Classroom instruction?	1	2	3	4	5
e. Helping you find a job?	1	2	3	4	5
f. Helping you get into college?.....	1	2	3	4	5

ALL
FILL for treatment: YB PROGRAM NAME
FILL for control group: YouthBuild program

Source: Ferguson: MOD

D16. Thinking about each of the items listed below, please indicate which you think are the three most important parts of [YB PROGRAM/the YouthBuild program]:

	CHECK THREE MOST IMPORTANT PARTS
a. Construction (or other job) training	1
b. GED or high school diploma preparation	2
c. Improving my reading and math skills	3
d. Help getting into college	4
e. Making new friends and meeting positive people.....	5
f. Having fun.....	6
g. Helping my community	7
h. Getting paid	8
i. Leadership training	9
j. Help finding work	10

INTERVIEWER PROBES: Thinking of the response categories, are there any categories missing from this list?

ALL
FILL for treatment: YB PROGRAM NAME FILL for control group: YouthBuild program
C AND D ONLY ASKED IF D3 = 2 – 3 (GRADUATED PROGRAM)

Source: Ferguson: MOD; Hahn Leavitt: MOD

D17. How would you rate the quality of [YB PROGRAM/the YouthBuild program] staff with regards to...

	VERY GOOD	GOOD	OKAY	POOR
a. Helping you solve problems?.....	1	2	3	4
b. Understanding your needs?.....	1	2	3	4
(IF D3 = 2 – 3)				
c. Their attempts to keep in contact with you after completing the YouthBuild program	1	2	3	4
(IF D3 = 2 – 3)				
d. Help after leaving the YouthBuild program?.....	1	2	3	4

D18. Overall, how would you rate the quality of your YouthBuild experience?

Very good 1
 Good..... 0
 Okay 0
 Poor..... 0

E. Employment and Earnings

ALL

FILL RA MONTH/YEAR

Source: R WtoW 18 Mo F1

E1. The next questions are about your paid work experience since [RA/DOLI MONTH/YEAR]. Please include any part-time or full-time jobs as well as self-employment or your own business. Please don't include any unpaid jobs.

Are you currently working at a job for pay?

Yes 1

No 0 GO TO E2

E1 = 1

Source: R WtoW 18 Mo F2

E1a. How many different paid jobs do you currently have?

NUMBER ALL RESPONSES GO TO E5

IF E1 = 2 (NOT WORKING)

Source: YTD 12 Mo II.G4

E2. Have you been looking for work during the past four weeks?

Yes 1

No 0 GO TO E4

E2 = 1 (LOOKING FOR WORK)
 FILL Response option a (Contact YouthBuild staff) if D1 = 1

Source: YTD 12 Mo II.G4/ some R options from WtW 18 mo F4c

E3. Below is a list of things that some people do to look for work. Please indicate whether or not you did any of these things during the last four weeks.

	YES	NO
a. [Contact YouthBuild staff].....	1	0
b. Contact your state's One Stop office, workforce Development office, or unemployment office	1	0
c. Ask friends or relatives	1	0
d. Look through job advertisements in a newspaper or on the internet	1	0
e. Send out resumes	1	0
f. Fill out applications	1	0
g. Contact any employers in person, by mail, or by phone	1	0
h. Something else (SPECIFY)	1	0

_____ (STRING 200)

INTERVIEWER PROBES: Thinking of how you might contact employers, are there any other ways you contact them? How?

E1 = 0 OR M (NOT CURRENTLY WORKING)

Source: RW2W 18 mo F4d modified

E4. Have you worked at any jobs for pay that have lasted two weeks or longer since [RA MONTH/YEAR]?

Yes 1
 No 0 GO TO E20

E1 = 1 OR E4 = 1

Where are you currently working? IF E1a = 1 OR M (CURRENTLY WORKS AT 1 JOB OR MISSING);
At which of your jobs do you work the most hours? IF E1a GT 1 (CURRENTLY WORKING AT MORE THAN ONE JOB);

Where did you worked most recently since [RA Date]? IF E4 = 1 (NOT CURRENTLY WORKING, BUT HAD JOB)

FILL: RA DATE/DOLI

E5. [Where are you currently working? / At which of your jobs do you work the most hours? / Where did you work most recently since [RA DATE]?] Please enter the name of the company or employer.

If you are self-employed at this job, please write the name of your company and check the box below.

_____ (STRING (255)) (JOB #1)
(COMPANY/EMPLOYER)

E5a. I am self-employed

Hide question number and show this under the fill box above on the same screen

E1 = 1 OR E4 = 1

and any other current jobs FILL IF E1a GT 1

FILL: RA DATE/DOLI

Source: TAA Baseline modified H5; Probe from RW2W

E6. Where else have you worked since [RA DATE]? Include any self-employment [and any other current jobs]. Please enter the name of the companies or employers in the fields below.

_____(STRING (255)) (JOB #2)
(COMPANY/EMPLOYER)

_____(STRING (255)) (JOB #3)
(COMPANY/EMPLOYER)

_____(STRING (255)) (JOB #4)
(COMPANY/EMPLOYER)

_____(STRING (255)) (JOB #5)
(COMPANY/EMPLOYER)

_____(STRING (255)) (JOB #6)
(COMPANY/EMPLOYER)

_____(STRING (255)) (JOB #7)
(COMPANY/EMPLOYER)

CHECK HERE IF YOU HAVE NOT WORKED
AT ANOTHER JOB SINCE [RA DATE]

PROGRAMMER BOX E6.1
BEGIN JOB LOOP
ASK E7 TO E20 FOR JOB #1; THEN RETURN TO E7 AND
REPEAT FOR EACH JOB LISTED AT E6.

INTERVIEWER PROBES: Only ask loop E7-E20 for Job #1.

ALL JOBS

FILL FROM E5 (JOB NAME)

Source: TAA Baseline modified H6

E7. When did you start working at [JOB NAME]? Your best estimate is fine.

____/____
MONTH YEAR

PROGRAMMER BOX E7.1
IF E1 = 1 (CURRENTLY EMPLOYED), SKIP E8 FOR JOB #1; ELSE, ASK E8.
ASK E8 FOR JOBS 2 – 7.

INTERVIEWER PROBES: Can you tell me what you were thinking of when you answered this question?

JOB #1 IF E1 NE 1 (NOT CURRENTLY WORKING); ALL OTHER JOBS
FILL FROM E5 (JOB NAME)

Source: RW2W 18mo F6a

E8. When did you stop working at [JOB NAME]? Your best estimate is fine.

_ _ _	/	_ _ _ _ _
MONTH		YEAR

PROGRAMMER SKIP BOX E8
 IF JOB #1 AND E5a = EMPTY (NOT SELF-EMPLOYED), GO TO E9;
 ELSE SKIP TO E10.

INTERVIEWER PROBES: Can you tell me what you were thinking of when you answered this question?

JOB #1 ONLY AND E5a = EMPTY (NOT SELF-EMPLOYED)
FILL Is this / Was that

Source: RW2W 18 mo F6d

E9. [Is this / Was that] job through a temporary employment agency?

Yes	1
No.....	0

INTERVIEWER PROBES: What does 'temporary employment agency' mean to you?
--

ALL JOBS

Source: TAA Baseline modified H12

E10. How many hours per week, including regular overtime hours [do / did] you usually work on [this / that] job?

|_|_|_| HOURS PER WEEK

ALL JOBS

Source: TAA Baseline modified H12

E11. How many days per week [do / did] you work on [this / that] job?

|_| DAYS PER WEEK

ALL JOBS

Source: R WtoW 18 Mo F7d

E12. On what shift or time of the day [do / did] you work?

- Regular day time shift (9 am to 5 pm) 1
- Afternoon shift (12 pm to 8 pm)..... 2
- Regular evening shift (4 pm to 12 am) 3
- Regular night shift (12 am to 8 am)..... 4
- Rotating shift (one that changes regularly from days to evenings or nights) 5
- Split shift (one consisting of two distinct periods each day) 6
- Irregular schedule (one that changes from day to day) 7
- Weekends only 8
- Regular schedule with some weekend work 9
- Some other shift (SPECIFY) 10
- _____ (STRING 200)

ALL JOBS

you IF E5a = 1 (SELF-EMPLOYED); ELSE they

Source: TAA Baseline modified H9

E13. What kind of company is [JOB NAME]? What do [they / you] make, do, or sell?

_____(STRING (255))
(SPECIFY COMPANY MAIN ACTIVITY)

ALL JOBS

Source: RW2W F8

E14. Please briefly describe what you [do / did] at [JOB NAME]? What [are / were] your most important duties?

_____(STRING (255))
(PLEASE DESCRIBE)

ALL JOBS

Source: TAA Baseline modified H10

E15. [Do / Did] you belong to a union on this job?

Yes 1
No 0

PROGRAMMER SKIP BOX E15.1
E5a = 1 (SELF-EMPLOYED), SKIP TO E17.
ELSE CONTINUE TO E16.

E5a = EMPTY (NOT SELF-EMPLOYED)

FILL OPTION 1 ONLY IF D1 = 1

Source: TAA Baseline modified H8

E16. How did you find [this / that] job?

CODE ONE ONLY

- [YouthBuild helped or referred you to the job] 1
 - Recall by a former employer 2
 - State employer agency or state job service 3
 - Private employment agency 4
 - Friends, relatives, or colleagues 5
 - Want ads, newspaper ads, or the local paper 6
 - Directly from employer 7
 - Help from a union 8
 - Through school 9
 - Internet, please include internet job services,
Craig's List, Career Builder, etc. 10
 - Job fair 11
 - Company bought by new company 12
 - On my own 13
 - Some other way (SPECIFY) 99
- _____(STRING (255))

ALL JOBS

Source: RW2W 18 mo F10a

E17. How much [are / were] you making before taxes and other deductions [when you left that job]? Please include tips, commissions, bonuses, and regular overtime.

\$ | | | , | | | | AMOUNT

INSERT DROPDOWN:

- Per hour..... 1
- Per week 2
- Once every two weeks 3
- Twice a month 4
- Per month or monthly 5
- Per day 6
- Per job 7
- Some other pay period 8

Check here if you have not yet been paid

INTERVIEWER PROBES: Tell me a little more about how you arrived at your answer. How easy or difficult was it to calculate how much you made?
 Are there any categories that are missing (ex. One lump sum, bi-weekly) or does something else make sense to you?

PROGRAMMER SKIP BOX E17.1.
 IF JOB #1 AND E5a = 1 (SELF-EMPLOYED), SKIP TO BOX E19.1;
 IF JOB #1 AND E5a = EMPTY (NOT SELF-EMPLOYED), CONTINUE TO E18.
 IF JOB #2 TO JOB #7 SKIP TO BOX E19.1.

JOB #1 AND E5a = EMPTY (NOT SELF-EMPLOYED)

Source: TAA Baseline modified H14

E18. [Are / Were] any of the following benefits available to you at [FILL JOB NAME]?

If you get paid time off (PTO) that includes both vacation and sick leave, please mark both responses 'yes'.

	YES	NO
a. Health insurance or membership in an HMO or PPO plan	1	0
b. Paid vacation	1	0
c. Paid holiday	1	0
d. Paid sick leave.....	1	0
e. Retirement or pension benefits.....	1	0
f. Dental benefits, including any offered at a cost to you.....	1	0

INTERVIEWER PROBES: Thinking of the response categories, are there any other benefits missing from this list?
 What does HMO or PPO plan mean to you in the context of this question?

PROGRAMMER SKIP BOX E18.1
 E18.a = 1 (JOB #1 OFFERS HEALTH INSURANCE), CONTINUE TO E19;
 ELSE SKIP TO BOX E19.1.

IF E18.a = 1 (JOB OFFERS HEALTH INSURANCE)

Source: RW2W 18 mo F13c

E19. [Are / Were] you participating in the health insurance plan?

Yes 1
 No..... 0

PROGRAMMER SKIP BOX E19.1
 RETURN TO E7 FOR NEXT JOB.
 IF NO OTHER JOB, END LOOP AND CONTINUE TO E20.

ALL
FILL: RA DATE/DOLI

E20. Since [RA DATE], have you...

	YES	NO
a. Prepared a list of references for a job application	1	0
b. Written a cover letter for a job application	1	0
c. Prepared a list of interview questions to ask during a job interview.....	1	0
d. Done a mock or practice interview with someone to help you prepare for a real interview.....	1	0

ALL
FILL: RA DATE/DOLI

E21. The following are some things that may make it difficult for people to find a job, keep a job, or to participate in work related activities. Please indicate whether or you not you have experienced the following challenges since [RA DATE].

	YES	NO
a. Problems with transportation	1	0
b. You had to take care of a child who has health problems or other special needs	1	0
c. Your own health problems.....	1	0
d. Problems with housing	1	0
e. A pregnancy or need for newborn care	1	0
f. Depression or another mental health problem	1	0
g. Problems with drugs or alcohol	1	0
h. You had to care for an elderly, disabled or sick family member or friend	1	0
i. Lack of support or resistance from friends or relatives related to finding a job or working	1	0
j. Physical abuse by a spouse or partner	1	0
k. A learning disability.....	1	0
l. Difficulty speaking or learning English.....	1	0
m. Some other problem (SPECIFY)	1	0
_____ (STRING 200)		

ALL
FILL STATE WELFARE NAME

Source: Baby FACES Baseline

E22. The next questions are about income support you or someone in your household may have received. Please indicate if you or anyone in your household received any of the following in the past 12 months.

	YES	NO
a. [FILL STATE WELFARE NAME] or TANF	1	0
b. Unemployment insurance	1	0
c. SNAP or Food Stamps	1	0
d. WIC - Special Supplemental Food Program for Women, Infants, and Children	1	0
e. SSI or Social Security Retirement, Disability, or Survivor's benefits	1	0
f. Payments for providing foster care	1	0
g. Energy assistance	1	0
h. Child support	1	0
i. Money from family or friends	1	0
j. Any other type of income support (SPECIFY)	1	0
_____ (STRING 200)		

INTERVIEWER PROBES:	How do you know if others in your household are receiving these supports?
---------------------	---

F. Criminal Justice Involvement and Delinquency

ALL
FILL RA DATE/DOLI

Source: JC-J20 & YTD 36m IX.B1
Source: JC-J21 & YTD 36m IX.B3

F1. These next questions are about experiences you may have had with the police or courts. All of your answers will be kept private.

Since [RA DATE], have you been arrested or taken into custody for a crime or illegal offense? Please include probation or parole violations, but do not include minor motor vehicle violations.

Yes 1 GO TO F2
No 0 GO TO F4

INTERVIEWER PROBES: Please say the question back to me in your own words, What did you include as a crime or illegal offense?

F1 = 1 (ARRESTED)
FILL RA DATE/DOLI

Source: JC-J20 & YTD 36m IX.B1

F2. Since [RA DATE], how many times have you been arrested or taken into custody for a crime or illegal offense?

|_|_| NUMBER OF ARRESTS

F1 = 1 (ARRESTED)
FILL RA DATE/DOLI

Source: Modified from the National Inmate Study, PAPI M12

F3. Since [RA DATE], have you been charged with any of the offenses listed below?

	YES	NO
a. A drug offense, such as possessing, selling, or manufacturing drugs	1	0
b. Driving under the influence (DUI) or driving while intoxicated (DWI)	1	0
c. Failure to pay child support	1	0
d. A property offense, such as shoplifting, burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods.....	1	0
e. A violent offense, such as physical or sexual assault, rape, robbery, manslaughter, attempted murder, or murder.....	1	0
f. Some other offense not listed (SPECIFY).....	1	0
_____ (STRING 200)		

INTERVIEWER PROBES: Do these response options make sense in the context of this question; are there any response options missing?

ALL
FILL RA DATE/DOLI

F4. Since [RA DATE] have you been convicted of or plead guilty to a crime or illegal offense? Please do not include minor motor vehicle violations.

Yes 1 GO TO F5
 No 0 SKIP TO BOX F12.1

F4 = 1 (CONVICTED)
FILL RA DATE/DOLI

F5. Since [RA DATE] how many times have you been convicted of or plead guilty to a crime or illegal offense?

|_|_| TIMES

F4 = 1 (CONVICTED)
FILL RA DATE/DOLI

Source: Modified from the National Inmate Study, PAPI M12

F6. Since [RA DATE], have you been convicted or plead guilty to any of the offenses listed below?

	YES	NO
a. A drug offense, such as possessing, selling, or manufacturing drugs	1	0
b. Driving under the influence (DUI) or driving while intoxicated (DWI)	1	0
c. Failure to pay child support	1	0
d. A property offense, such as shoplifting, burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods.....	1	0
e. A violent offense, such as physical or sexual assault, rape, robbery, manslaughter, attempted murder, or murder.....	1	0
f. Some other offense not listed (SPECIFY).....	1	0
_____ (STRING 200)		

F4 = 1 (CONVICTED)
FILL RA DATE/DOLI

The next questions are about any sentences you may have received since [RA DATE].

F7. Since [RA DATE], have you been sentenced to spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility? Please include instances when you did not actually serve the time.

Yes 1
 No..... 0 GO TO F10

F7 = 1 (SENTENCED TO TIME)
FILL RA DATE/DOLI

F8. Since [RA DATE], how many separate times were you sentenced to spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility?

|_|_| SEPARATE TIMES

F7 = 1 (SENTENCED TO TIME)
FILL RA DATE/DOLI

F9. Since [RA DATE], how much time in total have you spent in a group home, reform school, juvenile or adult prison, jail, or other correctional facility?

AMOUNT
 Days 1
 Weeks 2
 Months..... 3
 Years 4

INTERVIEWER PROBES: How easy or difficult was it to calculate this amount of time? Tell me a little more about how you arrived at your answer.

F4 = 1 (CONVICTED)
FILL RA DATE/DOLI

F10. The next set of questions is about other sentences you may have received. Since [RA DATE], did you receive any of the following sentences?

	YES	NO
a. Fines	1	0
b. Loss of driver's license	1	0
c. Mandated community service.....	1	0
d. Probation	1	0
e. Parole	1	0
f. Some other sentence (SPECIFY)	1	0
_____ (STRING 200)		

PROGRAMMER SKIP BOX F10.1
 IF F10d OR F10e = 1 (PROBATION OR PAROLE), CONTINUE.
 ELSE SKIP TO BOX F12.1.

F10d OR F10e = 1 (ON PROBATION OR PAROLE)

Source: JC-J36 & YTD 36 m IX.F2

F11. How long were you put on probation or parole?

YEARS
 MONTHS

F10d OR F10e = 1 (ON PROBATION OR PAROLE)

Source: JC-J36 & YTD 36 m IX.F3

F12. Are you still on probation or parole?

Yes 1
No 0

PROGRAMMER SKIP BOX F12.1
IF F1 = 1 OR F4 = 1 (ARRESTED OR CONVICTED), CONTINUE.
ELSE SKIP TO F15.

IF F1 = 1 OR F4 = 1 (ARRESTED OR CONVICTED)

FILL RA DATE/DOLI

F13. Since [RA DATE], has there been a time when you received legal advice or have been represented by an attorney, lawyer or public defender?

Yes 1
No 0 GO TO F15

IF F13 = 1 (LEGAL ADVICE OR REPRESENTATION)

FILL RESPONSE OPTION 1 (I RECEIVED HELP FROM YB STAFF) IF D1 = 1

F14. How did you find someone to provide this advice or representation?

CODE ALL THAT APPLY

[I received help from YouthBuild staff] 1
I received help from a friend or relative 2
The court appointed an attorney
to represent me 3
I received help from my employer 4
I found representation on my own without help 5
Other (SPECIFY) 6
_____ (STRING 200)

ALL

Source: National Longitudinal Survey of Youth, MOD

F15. How likely is it that you will be arrested, whether rightly or wrongly, in the next year?

- Very likely 1
- Somewhat likely 2
- Somewhat unlikely 3
- Very unlikely 4

INTERVIEWER PROBES: Can you tell me how to came to this answer?

ALL

Source: National Longitudinal Survey of Youth, MOD

F16. How likely is it that you will serve time in jail or prison at least once between now and when you turn 30?

- Very likely 1
- Somewhat likely 2
- Somewhat unlikely 3
- Very unlikely 4

INTERVIEWER PROBES: Can you tell me how to came to this answer?
Can you tell me in your own words the difference between being taken into custody, being with charged, convicted, plead guilty to or sentenced to a crime?

G. Social and Emotional Development

ALL

Source: YTD 36-Month Follow-Up

Source: *The General Self-Efficacy Scale*, English version by Ralf Schwarzer & Matthias Jerusalem, 1995.
 Available: <http://userpage.fu-berlin.de/~health/engscal.htm>

G1. Please read the following statements and rate how strongly you agree or disagree with each one.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. You have little control over the things that happen to you	1	2	3	4
b. There is really no way you can solve some of the problems you have	1	2	3	4
c. Sometimes you feel like you are being pushed around in life	1	2	3	4
d. What happens to you in the future mostly depends on you	1	2	3	4
e. You can do just about anything you really set your mind to.....	1	2	3	4
f. If you are in trouble, you can usually think of a solution	1	2	3	4

ALL

Source: Rosenberg, Morris. 1989. *Society and the Adolescent Self-Image*. Revised edition. Middletown, CT: Wesleyan University Press. The Rosenberg SES may be used without explicit permission. The author's family, however, would like to be kept informed of its use.

G2. Below is a list of statements dealing with your general feelings about yourself. Please indicate if you strongly agree, agree, disagree, or strongly disagree.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I feel that I'm a person of worth, at least on an equal plane with others.....	1	2	3	4
b. I feel that I have a number of good qualities	1	2	3	4
c. All in all, I am inclined to feel that I am a failure	1	2	3	4
d. I am able to do things as well as most other people	1	2	3	4
e. I feel I do not have much to be proud of.....	1	2	3	4
f. I take a positive attitude towards myself.....	1	2	3	4
g. On the whole, I am satisfied with myself	1	2	3	4
h. I wish I could have more respect for myself	1	2	3	4
i. I certainly feel useless at times.....	1	2	3	4
j. At times I think I am no good at all	1	2	3	4

ALL

Source: *Opening Doors- MOD*

G3. Do you agree or disagree with the following statements about your current relationships with family and friends?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. There are people I know will help me if I really need it	1	2	3	4
b. There is no one I feel comfortable talking about problems with.....	1	2	3	4
c. I am with a group of people who think the same way I do about things	1	2	3	4
d. If something went wrong, no one would help me	1	2	3	4
e. I have a trustworthy person to turn to if I have problems	1	2	3	4
f. There is no one who likes to do the things I do	1	2	3	4

H. Identity Development

ALL

Source: *The Social Emotional Development Inventory (SED-I): Questions, Response Types, Reverse Scoring, and Factor, 2011) – options n-t (<http://onlinelibrary.wiley.com/doi/10.1002/jpoc.20056/pdf>)

H1. Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I plan and/or organize	1	2	3	4
b. I set goals	1	2	3	4
c. I solve problems	1	2	3	4
d. I make decisions	1	2	3	4
e. I lead a group	1	2	3	4
f. I can speak publicly	1	2	3	4
g. I write clearly	1	2	3	4
h. I solve conflicts	1	2	3	4
i. People come to me when they are upset	1	2	3	4
j. I enjoy taking charge of groups	1	2	3	4
k. I am the decision maker of the group	1	2	3	4
l. I think about the consequences before acting....	1	2	3	4
m. I speak without thinking	1	2	3	4
n. I think about how others will respond before speaking	1	2	3	4

INTERVIEWER PROBES: How easy or difficult was it to answer this question? Were there any response options that you didn't understand?

ALL

Source: ADD Health, wave 1

H2. Compared with other people your age, how intelligent are you?

- Moderately below average 1
- Slightly below average 2
- About average 3
- Slightly above average 4
- Moderately above average 5
- Extremely above average 6

ALL

Source: ADD Health, Wave 1: Section 18 (Personality and Family)

H3. Please read the following statements and rate how strongly you agree or disagree with each one.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Difficult problems make you very upset	1	2	3	4
b. When making decisions, you usually go with your "gut feeling" without thinking too much about the consequences of each alternative.....	1	2	3	4
c. When you have a problem to solve, one of the first things you do is get as many facts about the problem as possible	1	2	3	4
d. When you are attempting to find a solution to a problem, you usually try to think of as many different ways to approach the problem as possible	1	2	3	4
e. When making decisions, you generally use a systematic method for judging and comparing alternatives	1	2	3	4
f. After carrying out a solution to a problem, you usually try to analyze what went right and what went wrong	1	2	3	4

INTERVIEWER PROBES: What does 'systematic' mean to you when I asked about making decisions in part e?

IWER: Check for general comprehension

ALL

Source: Opening Doors

H4. Next, we are going to ask you some questions about your involvement with your community.

How often do you attend church, synagogue, or other religious services?

- Never..... 1
- Several times a year 2
- Once or twice per month 3
- Once a week 4
- Several times per week..... 5

ALL

Source: Upward Bound, MOD

H5. Are you registered to vote in the U.S.?

Yes 1
No 0

ALL

FILL A ONLY IF H9 NE 0

Source: Hahn/Leavitt

H6. Since [RA DATE / DOLI] have you:

	YES	NO
a. Voted in one or more elections.....	1	0
b. Gotten involved in a political effort or electoral campaign.....	1	0

INTERVIEWER PROBES: What does 'systematic' mean to you when I asked about making decisions in part e?
IWER: Check for general comprehension

ALL

FILL: RA/DOLI

Source: Upward Bound, MOD

H7. Since [RA DATE /DOLI], have you ever performed volunteer or community service work, not including court ordered service?

Yes 1
No 0 GO TO H8

IF H7 = 1
FILL: RA DATE/DOLI

Source: Upward Bound, MOD
 Source: Yth Risk Behav. Surveillance Q19 modified

H8. Approximately how many times have you performed volunteer or community service work since [RA DATE/DOLI]?

CODE ONE ONLY

- 1 time..... 1
- 2 to 5 times..... 2
- 6 to 9 times..... 3
- 10 or more times 4

IF H7 = 1
FILL: RA DATE/DOLI
FILL: YouthBuild program IF D1 = 1

Source: ADD Health, wave 1: Section 30: Civic Participation and Citizenship: MOD

H9. Which of the following types of organizations have you been involved with in your volunteer or community service work since [RA DATE/DOLI]?

	YES	NO
a. Youth organizations, such as Little League or Scouts	1	0
b. Political clubs or organizations	1	0
c. [YouthBuild program].....	1	0
d. Ethnic-support groups, such as the NAACP	1	0
e. Church or church-related groups (not including worship services)	1	0
f. Community centers, neighborhood improvement associations, or social-action groups.....	1	0
g. Organized volunteer groups in hospitals or nursing homes	1	0
h. Educational organizations	1	0
i. Conservation, recycling, or environmental groups, such as the Sierra Club or the Nature Conservatory	1	0
j. Other community service opportunities (SPECIFY)	1	0

_____ (STRING 200)

IF H6a – j = 1 (anything checked at H6)

H10. Have you ever been elected or appointed to a leadership position in any of the organizations that you've mentioned?

Please include all religious, political or other volunteer organizations.

Yes 1
 No..... 0

ALL

Source: Ferguson and Hahn/Leavitt

H11. Five years from now how likely is it that you will:

	VERY LIKELY	SOMEWHAT LIKELY	NOT LIKELY
a. Vote regularly.....	1	2	3
b. Speak at some public meetings.....	1	2	3
c. Take on a leadership role by serving on a community council or board	1	2	3
d. Get involved in a political effort or electoral campaign	1	2	3
e. Be in trouble with the law.....	1	2	3
f. Have moved out of the neighborhood	1	2	3

INTERVIEWER PROBES: Can you tell me what you were thinking of when you answered this question?
 How did you decide how likely you will be to do these things 5 years from now?
 How often do you think you will do each of these activities five years from now? (*IWER: Get a count*)

ALL

H12. Thinking about your friends, how many of them:

	ALMOST NONE	SOME	MOST	ALMOST ALL
a. Perform volunteer or community service.....	1	2	3	4
b. Plan to go or already attend college.....	1	2	3	4
c. Use drugs	1	2	3	4
d. Attend religious services.....	1	2	3	4
e. Are members of a gang	1	2	3	4

ALL

Source: Ferguson

H13. In the past few months, about how many hours per day did you usually spend:

	NONE OR ALMOST NONE	ONE	TWO OR THREE	FOUR OR FIVE	SIX OR MORE
a. Watching TV or listening to music	0	1	2	3	4
b. Hanging out	0	1	2	3	4
c. Reading or studying	0	1	2	3	4
d. In school or training	0	1	2	3	4
e. Sleeping	0	1	2	3	4
f. Taking care of a family member	0	1	2	3	4
g. Taking care of a child	0	1	2	3	4

INTERVIEWER PROBES: Can you tell me what you were thinking of when you answered this question?
Can you describe how you reached your answer for each of the questions?

I. Health and Well-Being

ALL

Source: SF-36

I1. Now, we would like to ask you some questions about your general health.

In general, would you say your health is:

CODE ONE ONLY

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5

ALL

FILL RA DATE/DOLI

I2. Since [RA DATE/DATE OF LAST INTERVIEW], have you had...

	YES	NO
a. An annual checkup (general health or women's health)	1	0
b. A dental exam.....	1	0
c. A flu shot.....	1	0

ALL

I3. The last time you had sexual intercourse, what primary method did you or your partner use as protection against STDs or to prevent pregnancy?

CODE ONE ONLY

- No method was used to prevent pregnancy 1
- Birth control pills..... 2
- Condoms..... 3
- Depo-Provera (or any injectable birth control),
NuvaRing (or any birth control ring), Implanon
(or any implant), or any IUD 4
- Withdrawal..... 5
- Some other method..... 6
- Never had sex 7

ALL

14. Do you have a health problem or disability which prevents you from working or which limits the kind or amount of work you can do?

Yes 1
No..... 0 GO TO 15

I4 = 1

14a. Do you have a health problem, a disability, or both?

CODE ONE ONLY

Health problem 1
Disability 2
Health problem and disability 3

ALL

Source: PHQ-9

15. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
a. Little interest or pleasure in doing things.....	1	2	3	4
b. Feeling down, depressed, or hopeless.....	1	2	3	4
c. Trouble falling or staying asleep, or sleeping too much.....	1	2	3	4
d. Feeling tired or having little energy	1	2	3	4
e. Poor appetite or overeating	1	2	3	4
f. Feeling bad about yourself – or that you are a failure and have let yourself or your family down	1	2	3	4
g. Trouble concentrating on things, such as reading the newspaper or watching television ..	1	2	3	4
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.....	1	2	3	4
i. Thoughts that you would be better off dead, or of hurting yourself in some way.....	1	2	3	4

I5a – i = 2-4 (ANYTHING CHECKED AT 15)

Source: PHQ-9

16. How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

CODE ONE ONLY

- Not difficult at all 1
- Somewhat difficult 2
- Very difficult 3
- Extremely difficult 4

ALL

Source: National Longitudinal Survey of Youth

17. The next few questions are about gang activity in your neighborhood. Remember, all of your responses are confidential and will be kept private.

Are there any gangs in your neighborhood or where you go to school?

- Yes 1
- No 0

ALL

Source: National Longitudinal Survey of Youth

18. Have you ever belonged to a gang?

- Yes 1
- No 0

ALL

FILL IF I8 = 0

Source: National Longitudinal Survey of Youth, MOD

19. In the past 12 months, have you been involved in gang fights [even if you aren't in a gang]?

- Yes 1
- No 0

ALL

Source: National Longitudinal Survey of Youth, MOD

I10. How likely is it that you will be a victim of a violent crime in the next year?

- Very likely 1
- Somewhat likely 2
- Somewhat unlikely 3
- Very unlikely 4

INTERVIEWER PROBES: Can you tell me how to come to this answer?

ALL

Source: Ferguson

I11. What age do you think you will live to?

|_|_| YEARS OLD

ALL

Source: NELS Follow-Up One_Dropout

I12. The next few questions are about drug and alcohol use. Remember, all of your responses are confidential and will be kept private.

Think back over the last week. How many times have you had five or more drinks in a row? (A “drink” is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

CODE ONE ONLY

- None 1
- Once 2
- Twice 3
- Three to five times 4
- Every day or almost every day 5

ALL
 FILL RA DATE/DOLI

Source: ADD Health: Wave 2, MOD

113. Since [RA DATE/DOLI], have you used or tried any of the following drugs?

	YES	NO
a. Marijuana	1	0
b. Any kind of cocaine – including powder, freebase, or crack cocaine	1	0
c. Inhalants, such as glue or solvents	1	0
d. Any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills, without a doctor’s prescription.....	1	0

INTERVIEWER PROBES: Are there any categories that are missing or do not make sense?

ALL

Source: Longitudinal Study of Adolescent Health, MOD

114. How often has your drinking or drug use interfered with your responsibilities either at work or school, or something else?

CODE ONE ONLY

- Never..... 0
- 1 time..... 1
- More than 1 time 2

INTERVIEWER PROBES: What does the word “interfered” mean to you in the context of this problem? Can you give me an example of what types of interferences you were thinking of?

ALL

Source: Youth Risk Behavioral Surveillance System

115. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol or doing drugs?

CODE ONE ONLY

- 0 times..... 1
- 1 time..... 2
- 2 or 3 times..... 3
- 4 or 5 times..... 4
- 6 or more times 5

ALL

Source: Youth Risk Behavioral Surveillance System

116. During the past 30 days, how many times did you ride in a car or vehicle driven by someone who had been drinking alcohol or doing drugs?

CODE ONE ONLY

- 0 times..... 1
- 1 time..... 2
- 2 or 3 times..... 3
- 4 or 5 times..... 4
- 6 or more times 5

J. Address and Contact Information Update

ALL

J1. We will need to reach you again in about one year. The following questions are about how to contact you or people who will know how to find you.

What is your cell phone number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

J1 = ANSWERED (HAS CELL PHONE)

J1a. Does your cell phone plan have unlimited minutes?

Yes 1
No 0

J1 = ANSWERED (HAS CELL PHONE)

J1b. Does your cell phone plan have unlimited texting?

Yes 1
No 0

J1 = ANSWERED (HAS CELL PHONE)

J1c. May we send you text messages?

Yes 1
No 0

ALL

J2. What is your home phone number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

J2 = ANSWERED (HAS HOME PHONE)

J2a. Whose name is that number listed under?

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

ALL

J3. Is there another number where you can be reached?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

J3 = ANSWERED (HAS OTHER PHONE)

J3a. Whose telephone is that?

_____(STRING 200)
NAME

ALL

J4. Please provide your full name and permanent address.

_____(STRING 200)
NAME

_____(STRING 200)
ADDRESS

ALL

J5. Are you planning on moving in the next 12 months?

Yes 1
No 0 GO TO J6

J5 = 1

J5a. Do you know the address that you will be moving to?

Yes 1
No 0 GO TO J6

J5a = 1

J5b. Please provide the address that you will be moving to within the next 12 months.

_____ (STRING 200)
ADDRESS

ALL

J6. What is the best Email address to reach you at?

_____ (STRING 200)
EMAIL

J6 IS ANSWERED

J7. If you have another Email address, what is it?

_____ (STRING 200)
EMAIL

ALL

J8. Do you have a Facebook account?

Yes 1
No 0 GO TO J9

J8 = 1

J8a. What name do you use on Facebook?

_____ (STRING 200)
NAME

ALL

J9. Do you have a MySpace account?

Yes 1
No 0 GO TO J10

J9 = 1

J9a. What name do you use on MySpace?

_____ (STRING 200)
NAME

ALL

J10. Do you have a Twitter account?

Yes 1
No..... 0 GO TO J11

J10= 1

J10a. What name do you use on Twitter?

_____ (STRING 200)
NAME

ALL

J11. Do you have a social networking account other than Facebook, MySpace or Twitter?

Yes 1
No..... 0 GO TO J12

J11 = 1

J11a. What other social networking provider do you use?

_____ (STRING 200)
PROVIDER NAME

J11 = 1

J11b. What name do you use on the other social networking account?

_____ (STRING 200)
NAME

INTERVIEWER PROBES: Which social networks do you use most often?

ALL

J12. Please provide the names, addresses and telephone numbers of three people who will know how to contact you a year from now. This will help us contact you so we can still complete an interview with you if you move.

What is the name of the first person who will know how we can reach you?

_____ (STRING 200)
NAME

J12 = ANS

J12a. How is [NAME 1] related to you?

- Parent..... 1
- Step-parent..... 2
- Non-parental guardian 3
- Grandparent 4
- Sibling..... 5
- Step-sibling..... 6
- Other relative..... 7
- Other non-relative 8

J12 = ANS

J12b. What is [NAME 1]'s telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

J12 = ANS

J12c. Please provide [NAME 1]'s permanent address.

_____ (STRING 200)
ADDRESS

J12 = ANS

J12d. Please provide [NAME 1]'s Email address.

_____ (STRING 200)
EMAIL

ALL

J13. What is the name of a second person who will know how we can reach you?

_____ (STRING 200)
NAME

J13 = ANS

J13a. How is [NAME 2] related to you?

- Parent..... 1
- Step-parent..... 2
- Non-parental guardian 3
- Grandparent 4
- Sibling..... 5
- Step-sibling..... 6
- Other relative..... 7
- Other non-relative 8

J13 = ANS

J13b. What is [NAME 2]'s telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

J13 = ANS

J13c. Please provide [NAME 2]'s permanent address.

_____ (STRING 200)
ADDRESS

J13 = ANS

J13d. Please provide [NAME 2]'s Email address.

_____ (STRING 200)
EMAIL

ALL

J14. What is the name of a third person who will know how we can reach you?

_____ (STRING 200)
NAME

J14 = ANS

J14a. How is [NAME 3] related to you?

- Parent..... 1
- Step-parent..... 2
- Non-parental guardian 3
- Grandparent 4
- Sibling..... 5
- Step-sibling..... 6
- Other relative..... 7
- Other non-relative 8

J14 = ANS

J14b. What is [NAME 3]'s telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

J14 = ANS

J14c. Please provide [NAME 3]'s permanent address.

_____(STRING 200)
ADDRESS

J14 = ANS

J14d. Please provide [NAME 3]'s Email address.

_____(STRING 200)
EMAIL

ALL

J15. You will be receiving a gift card within the next few weeks to thank you for participating in the YouthBuild evaluation. Please provide the address at which you would like to receive the gift card.

_____(STRING 200)
ADDRESS

This completes the survey. Thank you for your participation in the YouthBuild Evaluation.

INTERVIEWER PROBES:

Were there any questions in this interview that you did not know how to answer? Tell me more about that.

Were there any parts of the interview that you found confusing? Tell me more about that.

Were there any questions in this interview that made you feel uncomfortable? Which questions?

This was the last question I had. Did you have any other comments about the questionnaire?

Thank you for helping us test the questionnaire.

INTERVIEWER PROBES: Our project has created a Facebook page in order to stay in touch with participants over the 4 year survey period. We're hoping that our Facebook page will be an easy place for study participants (you) to go with any questions about the study. We also know that phone numbers and addresses can change a lot over 4 years; we're hoping that Facebook might be an easier way to keep in touch with people over that period of time. In order for us to contact participants, however, we'll need people to Like our Facebook page or accept a friend request from one of our study team members.

- We're wondering what your thoughts are on using Facebook as a form of communication with people for this study.
 - If they think it's a bad idea – why?
- What do you think is the best way for us to use Facebook?
 - We want to be able to:
 - Give you a place to go with questions
 - Be able to contact with you
- We want to make the FB Page interesting for you... besides information about the study, what types of things would you be interested in us posting?
 - We've talked about articles/videos about YouthBuild... is this type of thing interesting to you? (If not, what would be?)
 - How often do you want us to post?
 - *Interviewer note: We don't want to post so much that we annoy people, but we want our Page to be engaging... thoughts?*
- Do you think participants will be willing to Like our page or accept a friend request from one of our study team members? Why or why not?
 - What can we do to encourage people to Like our page or accept our friendship?
- What is the best way for us to keep in contact with you over the next few years?
 - *Interviewer note: We're collecting your email, phone number, address, and Facebook/Twitter/MySpace – is there something else? Or is one of these things better than the others?*

Persons are not required to respond to this collection of information unless this survey displays a currently valid OMB control number (OMB xxxx-xxxx, expires xx/xx/xxxx). Responding to this questionnaire, which seeks to help the U.S. Department of Labor understand how YouthBuild programs are serving disadvantaged youth, is voluntary. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to Eileen Pederson, U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Evaluation, Room N-5641, 200 Constitution Avenue, NW, Washington, DC 20210.

APPENDIX B
DEBRIEFING PROTOCOL

YOUTHBUILD RESPONDENT DEBRIEFING PROTOCOL PHONE RESPONDENTS

1. Overview

We are speaking with respondents after the interview is complete to access their general perceptions of the survey procedures, difficulties or sensitive questions.

- For the phone interviews we are conducting a debriefing with the respondent immediately following the phone interview
- For the self-administered questionnaire
 - The respondent are mailed a hardcopy of the survey and asked to complete it by a specified date
 - We will include FedEx materials with the hardcopies so they can make a copy of their hardcopy and send back to us
 - We will follow-up with the respondent at a specified time to complete the debriefing once we receive their hardcopy survey
 - We will conduct in-depth one-on-one follow-up interviews with all respondents.

2. Moderator Protocol

INTRODUCTION

Thank you for taking the time to speak with us today. First, let me introduce myself and tell you a little bit about what we are going to be doing here today.

- Introduce self and Mathematica: Hello, my name is [name] and I'm calling from Mathematica Policy Research, Inc., a research company in Princeton New Jersey.
- Explain the conversation will be recorded: I will be tape-recording the interview so that I can go back and listen to it later if I need to when I'm summarizing the results.
- Give an approximate time frame: This session will last about 30 minutes
- Thank participants for their participation: Thank you again for your time, opinion, and willingness to help us out. [IF NEEDED]

THE SURVEY

We want to get your feedback on several aspects of the survey that you just completed. We'll go through section by section and then I have some general questions about the survey that I would like to ask. If you have any other comments as we go through, please feel free to share.

INTERVIEWER: For each section you can start with the following stem. “For the section that was asking you for/about your [FILL], were there any questions that you found confusing or did not understand?”

- Were there any terms or words that you did not understand?
- Were there any questions you found especially difficult to answer?

Question	SECTION	FILL	NOTES
INTRODUCTION			
A1-A15	HOUSEHOLD INFORMATION	“Household”	
Potential Confusion spots on section A	A2 (R’s may not know this information) A3 (R’s may not know this information)		
B1-B7	EDUCATIONAL ATTAINMENT	“Education”	
Potential Confusion spots on section B	B10 (Are they answering with regard to reasons that would prevent from reaching goals)		
C1-C23	SERVICE RECEIPT	“Services you’ve received”	
Potential Confusion spots on section C	C (Overall structure of section) C3 (Do they understand how to classify organizations)		
D1-D17	YB PROGRAM EXPERIENCES	“YouthBuild Experience”	
Potential Confusion spots on section D	D1 (Understand the word services) D3a (Are they including MTO) D8a (Other options?) D10 (Understand response options)		

Question	SECTION	FILL	NOTES
E1-E18	EMPLOYMENT & EARNINGS	"Jobs"	
Potential Confusion spots on section E	E1 (Including YB pay?)		
F1-F12	CRIMINAL JUSTICE INVOLVEMENT & DELINQUENCY	"Criminal Justice"	
Potential Confusion spots on section F			
G1-G3	SOCIAL & EMOTIONAL DEVELOPMENT	"How you feel about yourself"	
Potential Confusion spots on section G			
H1-H12	IDENTITY DEVELOPMENT	"Things you do in your free time and ways you handle certain issues that may come your way"	
Potential Confusion spots on section H	H3 (Confusion between options c and d)		
I1-I12	HEALTH & WELL BEING	"Health"	
Potential Confusion spots on section I	I5 (Confusion over response options)		
J1-J14	CONTACT INFORMATION	"Contact information"	
Potential Confusion spots on section J			

General questions:

- Do you think there is anything important about your program that we did not address in this questionnaire?
- [FOR SAQ Debrief]: How long do you think it took you to complete the survey?

WRAP—UP (5 minutes)

We are coming to the end of our discussion. Thank you for sharing your experiences and opinions. Is there anything else that you would like to add about anything we discussed today?

Thanks again for your participation.